



Joint Committee on the Domestic Abuse Bill

Standing Together Response to the Call for Evidence

Standing Together welcomes the opportunity to submit evidence to the Joint Committee on the Domestic Abuse Bill.

Standing Together was founded 20 years ago with the ambition to eradicate domestic abuse by transforming the way organisations and individuals think about, prevent, and respond to it. Operating in various settings including health, housing, criminal justice and community work, Standing Together works with partner agencies to ensure a Coordinated Community Response to domestic abuse by improving their understanding and response to survivors and perpetrators. Standing Together strives to stop survivors falling through the gaps by improving responses within and between voluntary and statutory organisations.

Now more than ever, the Covid-19 pandemic has shone a light on the needs and critical gaps in systems and provision for survivors of domestic abuse. It remains more important than ever that the Bill sits within a robust response to all forms of violence against women and girls. We urge the UK Government to renew and deliver a fully funded VAWG Strategy, which ended in March 2020.

We welcome some of the Bill's proposed changes, including the recognition of economic abuse within the statutory definition of domestic abuse and the prohibition of cross-examination in family courts. However, we are clear that the Bill and supporting non-legislative package must go much further to deliver a robust response and effectively meet all survivors' needs.

The remit and focus of the Bill must go wider than the justice system alone or it risks perpetuating a siloed approach to domestic abuse which is currently failing survivors and whole communities within our society.

Domestic abuse is a complex social problem which requires a coordinated community response. We are clear that no single agency can effectively respond to domestic abuse alone. All agencies who come into contact with domestic abuse need to take responsibility, work together systematically and effectively in order to keep survivors safe, hold perpetrators to account and ultimately prevent the abuse from happening in the first place. These organisations include among others health, housing, social care, education, the criminal justice system and the wider community.

Repeatedly Domestic Homicide Reviews highlight what can go wrong in the absence of a coordinated community response. This is when agencies do not have a system in place to respond to domestic abuse, elicit disclosures safely and effectively share information.

Our long-standing recommendations for change within the Bill are summarised below. They cover the whole breadth of the coordinated community response and are more urgently needed than ever.

Summary of Recommendations:

1. Definition of Domestic Abuse

We urge for the proposed definition to be amended to:

- **Acknowledge the gendered nature of domestic abuse and frame it within the wider context of violence against women and girls. A wide and inclusive definitions ensures the protection and rights for all women who need it.**
- **Distinguish between and not conflate intimate partner abuse and adult family abuse, which manifest themselves through different dynamics and crucially require separate responses.**

2. Health

We urge the Government to nationally roll out a “whole health response” to domestic abuse by

- **Requiring DHSC to ensure that all health services (including Trusts and CCGs) provide a strategic commitment to responding to domestic abuse. This requires board-level commitment to set up:**
 - **Specific DA governance structures**
 - **Comprehensive domestic abuse strategy and internal policies that reflect the needs of survivors from diverse backgrounds and experiences**
 - **Effective and comprehensive data and information sharing systems**
- **Providing sustainable and significant government investment to ensure that all key elements of best practice interventions in health are implemented consistently across all CCG areas. This includes:**
 - **The implementation of the IRIS (Identification and Referral to Improve Safety) Programme across the country. IRIS is an evidence-based intervention to improve the general practice response to domestic abuse.**
 - **The establishment of a Domestic Abuse Coordinator and the implementation of a Domestic Abuse Champions Network in each health area.**
 - **The co-location of specialist Health IDVAs (Independent Domestic Violence Advisors) within health settings (acute and mental health).**



- Specialist training of all healthcare professionals, including online resources that can be easily accessed during the current crisis.
 - Quality-assured programmes for health professionals to refer perpetrators into.
 - Survivors have priority and timely access to specialist mental health support services.
- Fund a long-term public health campaign to challenge public attitudes to domestic abuse.

3. Housing

We urge the government to ensure:

- Priority need status apply to all survivors, regardless of immigration status and particularly for survivors with no recourse to public funds (NRPF).
- Survivors with no recourse to public funds should have equal access to refuge services and housing benefit entitlements.
- Local connection restrictions are banned for survivors in refuge services through a statutory bar on local authorities.
- Address joint tenancy and joint mortgage related barriers through systemic changes to the legal and procedural frameworks that underpin both the private rented, private ownership and social housing sectors.
- Domestic abuse experts co-located in housing services.
- [Regulatory Standards for Housing Providers](#) should include (within consumer standards) a requirement to recognise and respond to domestic abuse.
- Homelessness Strategies and Supported Housing strategies must align with and be developed alongside Violence Against Women and Girls (VAWG) strategies (or Domestic Violence and Abuse strategies) on both a local and national basis.
- National roll out of the [Whole Housing](#) approach to Domestic Abuse which is endorsed by the [National Housing and Domestic Abuse Policy and Practice Group](#) and chaired by the [Domestic Abuse Housing Alliance \(DAHA\)](#).

4. Courts

- National roll out of the Specialist Domestic Abuse Court model (SDAC) as supported by the DA Commissioner. This has shown to have better and safer outcomes for the survivors and their children and best practice can be seen at Westminster



Magistrates Court where [Standing Together](#) have coordinated the courts for the boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea for the last two decades.

- Reconsider the details of the new Domestic Abuse Protection Order (DAPO). We urge that the new DAPO be introduced with longer term protection for victims and breach of such order is a criminal offence, recorded on PNC and punishable by up to 5 years imprisonment, or a fine or both however we do not agree that the existing Restraining Orders or Non Molestation Orders should be replaced in domestic abuse cases.

1. Domestic Abuse Definition

We have concerns around the proposed Domestic Abuse definition, with regards to two particular areas – its **gendered nature** and its **conflation of intimate partner violence with adult family violence**.

While we are pleased to see government’s efforts to recognise the gendered nature of domestic abuse within the guidance, this also needs to be reflected in statute to be compliant with international law. An accurate definition of domestic abuse needs to recognise its gendered nature and frame the issue within the wider context of violence against women and girls (VAWG) and human rights.

A gendered approach is evidence-based and recognised internationally as best practice.¹ A gendered definition that takes account of the intersecting experiences of survivors is crucial in ensuring that agencies have the right understanding of the issue and that appropriate and safe interventions are devised. Unless the root-cause of the issue is accurately identified, an effective response to it cannot be developed. If, for example, domestic abuse is merely seen as being caused by stress, mental health issues or alcohol use; the wrong interventions will then be devised, putting survivors of domestic abuse at further risk. Repeatedly, we have seen that when a gendered lens is lacking from domestic homicide reviews for example, the wrong recommendations are made and key learnings from the reviews are missed.

While a gendered approach highlights the disproportionate impact of domestic abuse on women and children, it also recognises the needs of men to access support. It acknowledges the difference in experiences of men and women and the need for a tailored response. Evidence shows that men perpetrate abuse more often and more severe in nature than women and that the negative impact of experiencing abuse is greater for women than men². While figures such as the ones from the Crime Survey³ can be useful in providing a glimpse into the extent of the issue, it is important to keep in mind that measuring individual acts of violence or aggression can be deceiving and does not provide an accurate picture of domestic abuse or its impact. It fails to consider important contextual factors which create significant differences in the experiences of survivors. Women are disproportionately the victims of repeated, and severe forms of abuse and are much more likely to be seriously hurt or killed by their intimate partner than male victims⁴.

¹ Understanding and addressing violence against women https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=995C6D8C652B434F75950BA983330C85?sequence=1; UN Women <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>; World Health Organisation (2017) *Violence against women: Key facts*: <http://www.who.int/news-room/fact-sheets/detail/violence-against-women>;

² Hester, M (2009) Who does what to whom? Gender and domestic violence perpetrators, *European Journal of Criminology*, 10 (5).

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018>

⁴ Ibid

The joint committee that undertook pre-legislative scrutiny of the legislation called for a new clause in the Bill that would make clear that “public authorities providing services must have regard to the gendered nature of abuse and the intersectionality of other protected characteristics of service users in the provision of services, as required under existing equalities legislation.”⁵

The government has committed to ratifying the Istanbul Convention through the Domestic Abuse Bill. The Convention requires states to recognise “the gendered dynamics, impact and consequences of these forms of violence and [operate] within a gender equality and human rights framework”⁶.

We therefore urge for the proposed definition to be amended to:

- **Acknowledge the gendered intersectional nature of domestic abuse framed within the wider context of violence against women and girls** - in line with the UK’s commitments under international law - including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Istanbul Convention.

In addition, the current definition of domestic abuse conflates intimate partner abuse with adult family abuse. This has contributed to the invisibility, lack of evidence and lack of resourcing around the issue of adult family abuse. While adult family abuse is also a gendered crime, we know that the dynamics and risk factors that underpin this form of violence are different to those of intimate partner abuse and therefore require a separate response⁷.

We therefore urge the proposed definition to be amended to:

- **Distinguish between and not conflate intimate partner abuse and adult family abuse, which manifest themselves through different dynamics and crucially require separate responses.**

2. Health

We are concerned about the omission in both the Bill and accompanying guidance documents of the need for a coordinated response to domestic abuse across the health system. The Bill does not address the vital role of the healthcare system in responding to domestic abuse.

A decade ago, an independent taskforce led by Sir George Alberti concluded it was a ‘disgrace’ that the NHS had done so little on tackling violence against women and urged the government and health bodies to deliver comprehensive reform⁸. We remain concerned about the lack of progress so far.

Every year nearly half a million survivors of domestic abuse seek assistance from medical professionals. Given that just one in five survivors call the Police, it is vital that survivors can

⁵ <https://publications.parliament.uk/pa/jt201719/jtselect/jtddab/2075/2075.pdf>

⁶ Council of Europe Convention on preventing and combating violence against women and domestic violence, Article 6.

⁷ Standing Together (2016) Domestic Homicide Review Analysis

http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

⁸ [The Report](#) of the Taskforce on the Health Aspects of Violence Against Women and Children, March 2010



access a non-criminal or justice-based route to effective support.⁹ Seeing a health professional can often be the only time that a survivor is able to disclose abuse without the perpetrator present.

Analysis of DHRs and academic research¹⁰ has also shown that often health professionals are the only statutory service to come into contact with both the victim and perpetrator. They hold critical information around the safety of the family and can make a significant difference in intervening earlier and ultimately preventing a homicide from happening. Evidence shows however that most often than not these opportunities are missed, and health professionals are not appropriately equipped to respond to domestic abuse.¹¹

Standing Together has led on Pathfinder¹², the first national health project to take a systemic approach to transforming the health sector's response to domestic abuse. It combines all elements of evidence-based good practice from acute, mental health and general practice settings into a comprehensive model response to domestic abuse. From the work of Pathfinder, we know that a systemic approach to responding to DA in health is needed in order to make sustainable and meaningful change.

A whole health response to domestic abuse goes beyond training and stand-alone interventions. It requires a change in the culture of health services, partnership working with specialist domestic abuse services and a strategic, funded commitment to implement the necessary structural changes to embed this work.

Lockdown and self-isolation measures have exacerbated the isolation and risks experienced by survivors and increased barriers to support. The recent Public Health England report into the 'Impact of Covid-19 on BAME Groups' and testimony of Professor Donna Kinnair, Chief Executive and General Secretary of the Royal College of Nursing clearly illustrate the poor health outcomes and experiences of BME patients and survivors in the NHS system. Together these have highlighted that it is paramount that all opportunities are taken to intervene earlier, ensure all survivors of domestic abuse are provided with support and prevent harm.

As well as saving lives and improving outcomes for adults and children, a whole health response to domestic abuse will also reduce costs within the NHS. The Home Office has estimated that every year domestic abuse costs the healthcare system over £2.3 billion¹³. To implement a hospital based Idva in each hospital would cost £15.7 million and to commission

⁹ SafeLives (2016) A Cry for Health

https://safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

¹⁰ *Violence against women and mental health*. Oram S, Khalifeh H, Howard LM. *Lancet Psychiatry*. 2017 Feb;4(2):159-170. doi: 10.1016/S2215-0366(16)30261-9. Epub 2016 Nov 15.

¹¹ Standing Together (2016) Domestic Homicide Review Analysis

http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

¹² <http://www.standingtogether.org.uk/national-work-and-consultancy/local-partnership/pathfinder>

¹³ Oliver, R., Alexander, B., Roe, S. & Wlasny, M. (2019) The economic and social costs of domestic abuse Research Report 107. London: The Home Office



IRIS in general practices nationally would cost £25 million. Both hospital-based Idvas¹⁴ and the IRIS programme¹⁵ are highly cost-effective and cost-saving for the NHS.

We urge the Government to embed a whole health response to domestic abuse nationally by:

- **Requiring DHSC to ensure that all health services (including Trusts and CCGs) provide a strategic commitment to responding to domestic abuse.** This must be done by requesting Board-level commitment to domestic abuse survivors by setting up:
 - Specific DA **governance structures**
 - Comprehensive **domestic abuse strategy and internal policies that centre the needs and safety of survivors, including those from BME backgrounds.**
 - Effective and comprehensive **data and information sharing systems that capture the experiences of survivors. These systems must ensure that privacy and confidentiality are respected with no sharing of data with immigration or criminal justice agencies.**

These strategic structures and processes are critical and will set the foundations to ensure this work is sustainable and embedded in all areas of the health system across the country.

- **Providing sustainable and significant government investment to ensure that all key elements of best practice interventions in health are implemented consistently across all CCG areas.** This will address current geographical discrepancies in services and responses. It will ensure that no matter the geographical location or area of the healthcare system where a survivor presents, they will receive an effective and safe response. There are a number of evidence-based and good practice interventions covering primary care, acute and mental health. They are integral components of a whole health response.

The following measures should be implemented:

- The **IRIS (Identification and Referral to Improve Safety) Programme.** IRIS is an evidence-based intervention to improve the general practice response to domestic abuse.
- The **co-location of specialist Health IDVAs (Independent Domestic Violence Advisors)** within health settings.
- **The establishment of a Domestic Abuse Coordinator and the implementation of a Domestic Abuse Champions Network with a focus on working with BME survivors and specialist agencies.** These have been core elements of the good practice that has emerged as part of the national project Pathfinder.

¹⁴ SafeLives (2016) A Cry for Health

https://safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf page 20

¹⁵ Barbosa EC, Verhoef TI, Morris S, et al Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: updated modelling based on an MRC phase IV observational pragmatic implementation study *BMJ Open* 2018;8:e021256.

- **Sustainable funding is required for high-quality, specialist training of all healthcare professionals, including online resources that can be easily accessed during the current crisis.** Sustainable funding also needs to be provided to ensure **referral routes are in place for patients.** As outlined by Agenda in the Ask and Take Action Briefing Paper¹⁶, there is a need for public authorities to ensure frontline staff in our public services are making trained enquiries into domestic abuse. Tiered and mandatory training around domestic abuse should be set up in all health services. Training should include specialist content on how to identify, respond to and refer both survivors and perpetrators of domestic abuse in acute, mental health and primary care settings, as well as embed specialist workers within health settings with expertise in VAWG and needs of BME survivors/patients. The training delivered should be led by specialists, trauma-informed and should take an intersectional approach.
- **An increase in funded quality-assured programmes for health professionals to refer perpetrators into.** Interventions such as the evidence-based programme Drive¹⁷ which works with high-harm perpetrators has demonstrated a significant reduction in abuse.
- **Survivors have priority and timely access to specialist mental health support services,** which are adequately and consistently funded, and available across the country to all survivors, regardless of their immigration status¹⁸.

3. Housing

Standing Together's Housing team coordinates both local and national responses to domestic abuse with a focus on social housing and the private rented sector. This includes the Domestic Abuse Housing Alliance (DAHA) and Whole Housing Approach projects. Through our work, we have uncovered a range of barriers that make it challenging for all survivors to access safe and stable housing. Since lockdown, the Housing team has seen a spike in enquiries from housing providers asking for help on a range of issues, highlighting the need for coordinated action to better enable the sector to meet the varied needs of survivors. We therefore make the following recommendations as crucial for inclusion in the DA bill:

- We welcome the government amendment on automatic **priority need** status within the Domestic Abuse Bill and urge that this applies to all survivors, regardless of immigration status and particularly for survivors with no recourse to public funds (NRPF).

¹⁶ <https://weareagenda.org/wp-content/uploads/2020/04/Ask-and-Take-Action-Briefing-for-Second-Reading-2020-1.pdf>

¹⁷ <http://driveproject.org.uk/>

¹⁸ Law in the Making (2019) Experts by Experience Briefing: priorities for the Domestic Abuse Bill. Available [online](#)

- **Survivors with no recourse to public funds should have equal access to refuge services** and housing benefit entitlements otherwise these women are then faced with an impossible choice of either remaining in a violent situation that may be life-threatening or becoming destitute. This also includes adequately funding 'By and for' services for BME women. A survey of women using specialist BME domestic abuse services found that 89% of women (126 women) said they preferred to use abuse services with a BME refugee specialism.
- **Local connection restrictions are banned for survivors in refuge services through a statutory bar on local authorities.** Our work supporting housing providers to acquire DAHA accreditation reveals that the application of local connection is inconsistent across local authorities, which is supported by research carried out by Women's Aid that shows that nearly a fifth of women supported by their No Woman Turned Away project were prevented from making a valid homeless application because on the grounds of domestic abuse, for reasons that they had no local connection¹².
- **Address joint tenancy and joint mortgage related barriers through systemic changes to the legal and procedural frameworks that underpin both the private rented, private ownership and social housing sectors.** This includes consideration of the barriers to justice in relation to housing where a survivor and perpetrator who are on a joint tenancy agreement or mortgage and both parties are classed as a single legal entity. Perpetrators who refuse to pay rent or fees incurred by damages to the property is a form of economic abuse that can then burden survivors with being responsible for repayment, going into debt and not being able to claim full housing benefit in their own name because they have outstanding payments to make.

Currently to transfer privately rented or social housing tenancy rights, either from perpetrator's sole tenancy to survivor's sole tenancy, or from a joint tenancy to the survivor's sole tenancy, a court order is required. There is also no option for a victim/survivor to end a tenancy during a fixed term without the agreement of all parties, which means that the perpetrator would have to know about a victim/survivor's plan to leave and agree to it, placing the control in their hands and leaving victim/survivors trapped.

There are significant economic barriers to obtaining a transfer of tenancy through the family courts. A recent report by the University of Bristol¹³ showed that Family Law Act remedies are expensive and slow to obtain for survivors, often creating further debt through legal fees as many of those living in private accommodation are not eligible for legal aid due to the means test requirements. The study found that many survivors in paid work did not have the means necessary to pay for crucial legal services due to economic abuse.

Joint mortgage / homeowners face additional barriers in maintaining safe accommodation compared to those who are in social housing or privately rented

accommodation because they are linked to the perpetrator through a financial product. Perpetrators have significant power when it comes to homeownership, with legal rights under consumer, contract, property, family and trust law and the ability to exercise control at arm's length. For example, Joint mortgages give perpetrators control to prevent: payment holidays, renegotiation of rates, releasing equity for legal representation, withholding payment.

Research suggests very strongly that domestic abuse is associated with mortgage arrears and re-possession, with a study commissioned by the Women and Equality Unit suggesting that a conservative estimate might be 10% of repossessions being due to domestic abuse.

- **Domestic abuse experts co-located in housing services.** Victim/survivors approaching local authorities as homeless due to fleeing domestic abuse will have reached a point of crisis and be in need of emergency accommodation, so it's vital that they receive high quality and effective domestic abuse support, or find out where to access support, the first time that they approach a professional and are not placed in a position where they have no option to return to the perpetrator.

By situating a domestic abuse expert in local authority housing department or housing association, this builds the capacity of the service to respond effectively to domestic abuse and make referrals to the local domestic abuse service. A consultation with survivors conducted by Standing Together found that being referred to a specialist domestic abuse service is often experienced by victim/survivors as a 'turning point' in their experiences of trying to get effective support: 88% of victim/survivors surveyed about their experiences of seeking support in a London borough identified a domestic abuse service as instrumental in improving their situation.¹⁴

- **Regulatory Standards for Housing Providers should include (within consumer standards) a requirement to recognise and respond to domestic abuse.** The latest femicide census shows that 68% of survivors were killed in their own home by a current or ex-partner. Housing therefore have a significant role to play in the detection of domestic abuse and prevention of domestic homicides. And research by Henderson (2019) found that almost 65% of housing providers state their response to domestic abuse is situated within an anti-social behaviour (ASB) framework. Some indicated that there was not a separate policy for domestic abuse. While domestic abuse is a form of ASB, the issue is that this label tends to position victim/survivors as part of the problem and doesn't distinguish between their support and safety needs, and the positive engagement and enforcement actions to be taken against the perpetrator.
- **Homelessness Strategies and Supported Housing strategies must align with and be developed alongside Violence Against Women and Girls (VAWG) strategies (or Domestic Violence and Abuse strategies) on both a local and national basis.**
- **National roll out of the Whole Housing approach to Domestic Abuse which is**



endorsed by the [National Housing and Domestic Abuse Policy and Practice Group](#) and chaired by the [Domestic Abuse Housing Alliance \(DAHA\)](#). Every local authority should offer a **Whole Housing Approach** to domestic abuse in order to reduce homelessness, promote tenancy sustainment, create early intervention and provide suitable move on options for families affected by domestic abuse. A [Whole Housing Approach toolkit](#) was published in March 2020 and includes a section for each of the model's twelve components. The toolkit offers practical guidance and resources to implement the approach in local areas and to deliver consistent practices for domestic abuse across England.

4. Courts

Specialist Domestic Abuse Courts (SDAC's)

Standing Together have experience of coordinating Specialist Domestic Abuse Courts (SDACs) and co-location within Met Police CSUs for many years. SDACs were originally set up to provide a structure for domestic abuse cases to be heard within the CJS to provide a consistent approach to the prosecution of cases with the intention to increase successful prosecutions, improve the safety and satisfaction of victims and increase public confidence in the justice system. There was widespread adoption of this model but since the closure of many court sites and lack of funding, little attention has been paid to the benefits of this model.

STADV created the **Specialist Domestic Abuse Court** model, alongside Leeds, in 2002 and remain leaders in national best practice in relation to DVA in the criminal justice system. STADV co-ordinates SDVCs for both **Hammersmith and Fulham and the Royal Borough of Kensington and Chelsea and Westminster/City** areas on two separate days at Westminster Magistrates Court. This allows for DVA cases to be listed in the same court on the same day every week and ensures greater coordination of these case in the criminal justice system. This Partnership involves 10 agencies on a Domestic Abuse Court Management Group. Partner agencies on the SDAC Management Group include: Witness Service and ADVANCE/IDVA service alongside the Magistrates, Court staff, Police; Crown Prosecution Service, Probation, the Witness Care Unit and the Youth Offending Service. There are an average 11 to 15 DVA related cases SDAC day and DA cases through the court process and an average of 4 trials per week in each court.

In 2018 CPS, HMCTS and Police launched the DA Best Practice Framework which identified four of the original 12 components of an SDAC in an attempt to improve the response to domestic abuse and suggested that courts should consider clustering their DA cases as part of this initiative to make those improvements.

- **We would urge the Bill to consider a national roll out of the Specialist Domestic Abuse Court model (SDAC) as supported by the DA Commissioner. This has shown to have better and safer outcomes for the survivors and their children**

Domestic Abuse Protection Orders (DAPO's)

Developed by Standing Together Against Domestic Violence, please credit if used or adapted



Whilst we believe that the existing Domestic Violence Protection Notice/ Order needs to be extended to include coercive control and made a criminal offence if breached, it should not replace the existing protection orders currently available to victims of Domestic Abuse e.g. Restraining Orders, Non-molestation Orders and Occupation Orders.

The Bill's intention to bring together the strongest elements of existing protective orders into a single comprehensive, flexible order needs to make sure that in achieving that flexibility it does not result in confusion and lose the long term protection for the victim.

We agree that the existing DVPN should be able to be applied for in family, civil and criminal courts but if it replaces Restraining Orders then we do not think this appropriate. We do not believe this would create a clearer pathway. Police and specialists need to be educated around the differences between Restraining Orders and Non-Molestation Orders. They are used for different scenarios with different tests and differing contexts for victims. We believe it is positive to make changes to the existing DVPN/DVPOs to make them criminal offences and make it possible to apply for them in the civil court.

- **We urge that the new DAPO be introduced with longer term protection for victims and breach of such order is a criminal offence, recorded on PNC and punishable by up to 5 years imprisonment, or a fine or both however we do not agree that the existing Restraining Orders or Non Molestation Orders should be replaced in domestic abuse cases.**

The Bill states that the new DAPO will enable judges to require domestic abuse perpetrators to attend behaviour change interventions, such as perpetrator programmes, as part of their sentence. There are currently no proposals to ensure that such interventions meet a minimum standard. No positive requirements should be imposed without a proper assessment being conducted. Without that assessment, they will be imposed without someone willing to comply and that will lead to them breaching which is a criminal offence. What kind of perpetrator programmes will there be? Who is funding it? Will they be accredited? Crucially, what provisions will be in place to support victims throughout the programme and ensure that there is a safe and coordinated response?

We are concerned that short-term perpetrator interventions which may be attractive on a cost basis are not effective long term and could possibly increase risk, especially in the short term. If perpetrators aren't motivated to change a short-term intervention will not have any long-term effect. But it may discourage survivors from calling the police if it is felt he 'got away with it' the first time. When children are involved areas may be tempted to use parenting programmes to address abusive behaviours. It is clear that domestic abuse comes from a context of gender inequality and misuse of power and control and not because someone has poor parenting skills.

Therefore, the Bill requires:

- **A national Domestic Abuse Perpetrator strategy to be published and funded.**



- **A requirement on the Home Secretary to publish standards for domestic abuse perpetrator interventions, to ensure DAPOs meet a minimum standard.**

Breach of DAPO's should not be able to be dealt with by the use of Contempt of Court. The barriers to applying for a DAPO should be dealt with in a different way and we should be able to support victims more effectively instead of changing the punishment. It puts the onus on the victim to decide how the perpetrator is punished. The courts have enough leeway to sentence lightly, they do not need contempt of court as it would not effectively hold the perpetrator to account. They can always give a discharge if it is not appropriate for the defendant to be charged.

Other campaigns we support:

- [Step Up! Migrant Women Coalition, led by the Latin American Women's Rights Service;](#)
- Southall Black Sister's [#ProtectionForAll](#) campaign, including a comprehensive strategy on violence against and abuse of migrant women.
- Rights of Women's campaign to improve victims' and survivors' access to legal aid.
- Imkaan's ['Alternative Bill'](#), which outlines a response to VAWG that is gendered and intersectional.
- [Surviving Economic Abuse's call](#) to extend the offence of controlling or coercive behaviour in the Serious Crime Act to post-separation abuse.
- [DRIVE's call](#) for the government to publish and fund a new Domestic Abuse Perpetrator Strategy.
- [Prison Reform Trust's call](#) for an introduction of a statutory defence for domestic abuse victims compelled to offend by their abusers.
- Stay Safe East's briefing and recommendations for disabled survivors.
- Agenda's [Ask and Take Action](#) campaign.
- [Joint sector response to the DA Bill](#)